

**DEPARTMENT OF MENTAL HEALTH
ADMINISTRATIVE SUPPORT BUREAU**

VEHICLE TRIP REPORT

Driver's Name	Employee No.	Phone No.
Division	Cost No.	
Destination	No. of Passengers	Estimated Hours
Authorization Signature		Date
GAS DATA		
BEGINNING GAS TANK READING E _____ 1/4 _____ 1/2 _____ 3/4 _____ F _____		ENDING GAS TANK READING E _____ 1/4 _____ 1/2 _____ 3/4 _____ F _____

DO NOT WRITE BELOW THIS LINE

VEHICLE NO.			DISPATCHED BY		
DRIVER'S LICENSE NO.		EXPIRATION	EMPLOYEE NO.		
DISPATCHED			RETURNED		
DATE	TIME	MILEAGE	DATE	TIME	MILEAGE

PLEASE READ THE BACK

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
ADMINISTRATIVE SUPPORT BUREAU**

December 22, 1999

TO: Medical Director Deputy Directors
Administrative Deputy District Chiefs
Division Chiefs Program Heads

FROM: Charlotte Carter
Chief

SUBJECT: COUNTY VEHICLE PARKING AND MOVING VIOLATIONS

Please remind your staff of the following:

1. The driver of a County vehicle is personally responsible for any parking and/or moving violations received during his/her vehicle assignment. *There are no exceptions.*
2. Citations must be paid in full by the date specified to avoid issuance of a warrant.
3. Failure to pay citations will result in disciplinary action.

GSK:CC:AW:a
Revised 12/99